



UNIVERSIDAD AUTÓNOMA DEL ESTADO DE HIDALGO
SECRETARÍA GENERAL
DIRECCIÓN DE INTERCAMBIO ACADÉMICO



PROGRAM OF MOVILITY
ADMISSION APPLICATION

(F2)

PERSONAL DETAILS						
NAME						
GENDER <small>(WRITE A "X")</small>	FEMALE	MARITAL STATUS <small>(WRITE A "X")</small>	MARRIED	DATE OF BIRTH		
	MALE		SEPARATED			
NATIONALITY			SINGLE	DAY	MONTH	YEAR
ADDRESS						
	COUNTRY					
TELEPHONE						
EMAIL ADDRESS						
<small>IN CASE OF EMERGENCY (PERSON TO BE CONTACTED)</small>						
NAME				RELATIONSHIP		
ADDRESS						
	COUNTRY					
TELEPHONE						

ACADEMIC REFERENCES							
UNIVERSITY OF ORIGIN							
STUDIES AT THE UNIVERSITY OF ORIGIN				SEMESTER		GENERAL AVERAGE	
	LANGUAGE	PERCENTAGE	LANGUAGE PROOF DOCUMENT				
LANGUAGES	GERMAN						
	SPANISH						
	FRENCH						
	ENGLISH						
	ITALIAN						
	OTHER						
OTHER COURSES OR STUDIES							

PERSON IN CHARGE OF THE MOVILITY PROGRAM

NAME			
POSITION			
ADDRESS OF THE OFFICE THAT REPRESENTS			
	COUNTRY		
TELEPHONE		FAX	
EMAIL ADDRESS			

SIGNATURE

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STUDENT'S NAME AND SIGNATURE